Flight School Applicants
Refractive Surgery Fact Sheet (Update January 2006)

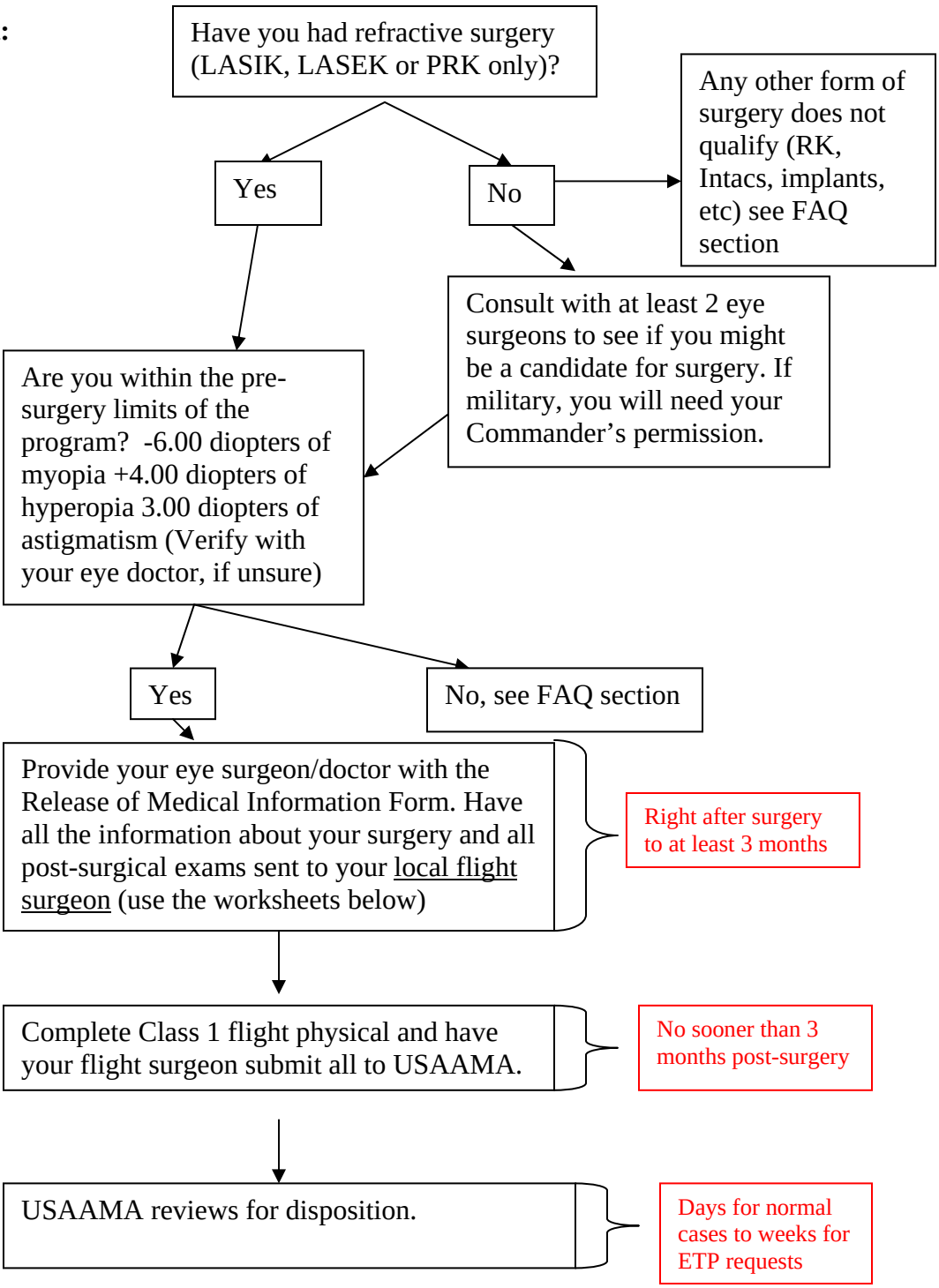
What: LASIK (laser in-situ keratomileusis), LASEK (Laser Subepithelial Keratomileusis), and PRK (Photo Refractive Keratectomy) are now aeromedically acceptable provided the post-surgical outcome meets standards IAW the current Corneal Refractive Surgery APL, revised December 2005. It is important for all applicants to do research on the Internet, or elsewhere, about the differences between the types of surgeries. The US Army Aeromedical Research Laboratory (USAARL) study was initiated in February 2001 and was closed to new applicants as of 1 October 2004. A decision was recently made (8 Dec 2005) by the OTSG (Office of the Surgeon General) to allow LASIK to be accepted along with both LASEK and PRK.

Who: The policy applies to individuals applying for flight training. Active duty, Reserve, National Guard, ROTC, Academy cadets, OCS candidates, and civilians are all eligible to submit a flight physical with a history of refractive surgery. You will need to coordinate with your eye surgeon and/or eye clinic to complete the visual exam forms needed for your waiver request (see "Release of Medical Information" form). You will need to provide this to your flight surgeon to complete the Class 1 flight physical. All must be reviewed and commented prior to submission to the US Army Aeromedical Activity (AAMA) at Fort Rucker for review. Having a qualified physical does NOT guarantee a flight school slot; it only verifies your medical eligibility to apply for flight school given the presence of a refractive surgery procedure. You still need to work through the standard channels to apply to flight school with your recruiter and/or the Aviation branch.

How, When and Where: This section describes the steps you will need to accomplish in order to receive a qualified flight physical given a history of LASIK, LASEK or PRK surgery. 1) Complete the Class 1 flight physical—nothing happens without its completion. 2) Include results of all of the required post-operative tests on Block #73 (remarks) of the DD2808—these are post-surgical cycloplegic refraction, 3 visual acuities and manifests, slit lamp examination demonstrating healing without complication, scarring, or adverse haze, color corneal topography, and low contrast sensitivity visual testing. 3) Submit the physical to AAMA. AAMA will review the entire Class 1 Flight Physical and qualify it if all of the criteria listed below are met along with the rest of the standards. If not meeting all of the post-surgical criteria, the flight surgeon shall submit the physical with an Aeromedical Summary requested an Exception to Policy (see below). Your medical qualification is provided to the board or agency working your flight school application, and you are eligible to compete for the slot. A flow diagram is provided to help you work through the process.

Waiver/Exception to Policy: A waiver or exception to policy is required for applicants failing to meet published standards as outlined in AR 40-501, the Aeromedical Policy Letters, or the Aeromedical Technical Bulletin—this is no different for corneal refractive surgery. Similar to any other medical issue, if not meeting the post-surgical standards, applicants must have their flight surgeon request an exception to policy (ETP), submitted in the form of an Aeromedical Summary. ETPs are reviewed on a case-by-case basis and require longer processing time for review. Not all requests for flight school applicants are granted.

Flowchart:


Have you had refractive surgery (LASIK, LASEK or PRK only)?
Yes
No
Any other form of surgery does not qualify (RK, Intacs, implants, etc) see FAQ section
Consult with at least 2 eye surgeons to see if you might be a candidate for surgery. If military, you will need your Commander's permission.
Are you within the pre-surgery limits of the program? -6.00 diopters of myopia +4.00 diopters of hyperopia 3.00 diopters of astigmatism (Verify with your eye doctor, if unsure)
Yes
No, see FAQ section
Provide your eye surgeon/doctor with the Release of Medical Information Form. Have all the information about your surgery and all post-surgical exams sent to your local flight surgeon (use the worksheets below)
Right after surgery to at least 3 months
Complete Class 1 flight physical and have your flight surgeon submit all to USAAMA.
No sooner than 3 months post-surgery
USAAMA reviews for disposition.
Days for normal cases to weeks for ETP requests

Points of Contact:

USAAMA – 334-255-7430 http://usasam.amedd.army.mil/_aama/index.htm

Recruiting Command www.usarec.army.mil/hq/warrant/warrant.htm

Warrant Officer Flight Training Program (civilians, NG or Reservists) – 502-626-0467/1554

Active duty (Army, AF, Navy, Marine or Coast Guard) – 502-626-0458

Army Branch Officer applying to aviation needing a branch transfer – https://www.perscomonline.army.mil/opavn/Branch%20Transfers.htm

Aviation Proponency – http://www-rucker.army.mil/ap/default.htm

Or 334-255-3999/2359

1. Questions about surgery and the eye information

a. If I had a surgery other than PRK, LASEK or LASIK, can I still get an exception to policy? No, radial keratotomy (RK), intrastromal corneal rings (Intacs) or any other type of refractive surgery have not been aeromedically approved.

b. If I have NOT had refractive surgery yet, what do I do? Follow the steps in the flowchart. You should consult at least 2 eye surgeons before deciding to get surgery. It is also important to do individual research as to the pros and cons of each type of surgery.

c. How can I verify if I meet the limits of AR 40-501? Consult with your eye doctor or flight surgeon. He/she will review your current eyeglass or contact lens prescription (if you have not had surgery) or records of your eyeglass or contact lens prescription before surgery (if you have already had surgery). Provide your eye doctor with the limits listed in the flowchart to help them in the review (-6.00 diopters myopia, +4.00 diopters hyperopia, or 3.00 diopters astigmatism).

d. My refraction is outside the limits of AR 40-501, is it still possible to apply for flight school? Possibly—the limit is based on the correction that is programmed into the laser, not your eyeglass prescription, so you may actually be within the limits. Your eye surgeon should be able to provide the required laser information to your flight surgeon. They will review the laser records (or the planned correction the surgeon provides you) and determine whether you are within limits.

e. What information do I need to provide about my surgery and where do I get it? All the information needed is listed on the "Release of Medical Information" form. Provide the form to your eye surgeon and/or the eye doctor who is providing your vision care after surgery. You may have to submit multiple forms to get all of the required information.

1. Surgical Information: Your eye surgeon will need to fill out the information about the laser, the type of surgery and the amount of correction.

2. Manifest Refraction: You will need three post-surgical refractions (measures of any residual prescription) and three visual acuities. This information can be a combination of examinations provided by your surgical center, your optometry office and your flight physical.

3. Corneal Exam (Slit-Lamp Exam): You will need verification that your cornea is clear of haze or any other post-surgical complication. Your eye doctor can provide this information.

4. Corneal Topography: This is the corneal map that shows the shape of your cornea after surgery. You must have a color copy of the map, either mailed, e-mailed, or taken to your flight surgeon. FAX'd versions are currently not acceptable because they come through in black and white.

5. LOW Contrast Sensitivity: This is a measure of your vision under low contrast conditions (5% is the preferred method). Normal low contrast is 20/40 or better, but with corrective surgery, acceptable limits are 20/60 or better. Ask your eye doctor about availability of a contrast sensitivity or low contrast acuity test in your area. Examples of acceptable tests are:

VisTech Contrast Grating Test
Functional Acuity Contrast Test (F.A.C.T.)
Pelli-Robson Contrast Sensitivity Test
Bailey-Lovie 10% low contrast acuity chart
ETDRS low contrast acuity chart (5% is preferred)
Mentor BVAT low contrast acuity chart (set on 5%)

f. What do I do if a contrast sensitivity or low contrast acuity test is not available in my area? Your packet can be processed without this test, **if** the other eye information you provide indicates a good outcome from the surgery (specifically the corneal topography and corneal exam). Your local flight surgeon will make this determination. **NOTE**: If not done prior to coming to flight school, you must have it completed with your Rucker flight physical prior to beginning flight training. **Integrity** as a future warrant officer or officer dictates that you disclose this need to the Rucker Physical Exam staff to coordinate having this done. Make sure your eye doctor notes on the form that these tests are not available to you.

g. Where do I send all of my information? Your flight surgeon should collect and submit as much information as possible on AERO. Additional information may be mailed or fax'd to AAMA (USAAMA (MCXY-AER), US Army Aeromedical Center, Building 301, Fort Rucker, AL 36362 or **fax 334 255-7030 or 7606**). Note: the color corneal topography, if needed, must be mailed or emailed to aama@amedd.army.mil.

****ATTENTION ALL APPLICANTS: ALL REQUIRED INFORMATION SENT TO USAAMA MUST BE COMPLETE!** You will be subject to a returned/delayed packet if you do not follow these instructions.**

2. Questions about the flight physical

a. How long do I have to wait after surgery to get a flight physical? You should wait at least one month after surgery before starting your flight physical for your vision to stabilize.

b. I already took a flight physical before surgery; do I have to take another physical? No, as long as your initial Class 1 flight physical is still valid (up to 18

months). You MUST repeat the eye exam portion of the flight physical after surgery, however, and submit the required information. Coordinate this through your flight surgeon and the supporting eye clinic.

c. I have not taken a general military entrance physical yet; do I have to do that first? Yes, if you have not taken the MEPS, ROTC or other entrance physical, you will have to complete that physical before scheduling your flight physical. The entrance physicals require a 90-day waiting period after refractive surgery. Therefore you will have to wait **3 months** after surgery, take the entrance physical, and then you can schedule to take the flight physical. You will have to coordinate this with your recruiter. Go to the link "Refractive Surgery" on the USAARL website (www.usaarl.army.mil) to find the current Army Surgeon General's policy.

d. I still need to wear glasses after surgery; does that mean I will fail the flight physical? No, as long as you meet the general entry standards for Class 1 which include 20/50 or better uncorrected visual acuity, and no more than –1.50 diopters of myopia or +3.00 diopters of hyperopia or 1.00 diopters of astigmatism. If you are outside of these limits, however, you will need an ETP. You should consult with your eye doctor and flight surgeon if this is the case.

Request for Release of Medical Records
(Completed by applicant and provided to eye care provider for completion)

From: (enter your information) Date:

To: (enter eye clinic information)

Subject: Request for records related to refractive surgery procedure

1. I am participating in a waiver program for refractive surgery in the military. Request a copy of records pertaining to my refractive surgery be provided to my flight surgeon.

2. The following information is needed:

    1. Date of procedure
    2. Type of procedure (PRK or LASIK)
    3. Type of laser (brand name)
    4. Ablation parameters (size of ablation zone, microns of tissue removed, number of pulses)
    5. Amount of correction (sphere, cylinder and axis)
    6. Pre-operative refraction and date (specify manifest or cycloplegic)
    7. Follow-up refractions with visual Acuities and dates (most current refraction and as many postoperative refractions as possible)
    8. Subjective assessment of corneal clarity (haze)
    9. Latest **post-operative** corneal topography in <u>COLOR</u> (instantaneous or tangential corneal maps)
    10. Contrast Sensitivity (or low contrast acuity—preferred 5% contrast)

3. Please contact the US Army Aeromedical Activity (334-255-7430) if you have any questions.

_____ _____

Typed or Printed Name of Applicant Signature of Applicant

Demographics Required (Applicant to complete):

Last Name: _____ First Name: _____ M.I. ____
Mailing Address: _____
_____
E-mail Address: _____
Home/Cellular Phone: _____
Date of Birth: _____ SSN: _____

Checklist for Eye Care Provider (Surgeon/Doctor to complete below):

Surgeon/Doctor's Name: _____
Clinic Address: _____
Clinic Phone: _____ Clinic Name: _____

Date of Procedure: _____ Type: (circle one) PRK or LASIK
Laser Used: (Manufacturer) _____ (Model#) _____

Ablation Parameters (Complete below, and if available, attach copies of laser printouts)
OD: Size of ablation: _____mm Tissue removed: _____microns # of pulses: _____
OS: Size of ablation: _____mm Tissue removed: _____microns # of pulses: _____

Amount of correction programmed into laser
OD: _____ OS: _____

Pre-operative Refraction
OD: _____ OS: _____

Did the applicant require any enhancement procedures? Yes _____ No _____
(If yes, provide details as above & below)

Follow-up Examinations (include most recent and 2 prior examinations—3 total)

Date:	Refraction:	Visual Acuity	Corneal Haze* (circle one)
	OD_____ OS_____	OD_____ OS_____	OD 0 1 2 3 4 OS 0 1 2 3 4
	OD_____ OS_____	OD_____ OS_____	OD 0 1 2 3 4 OS 0 1 2 3 4
	OD_____ OS_____	OD_____ OS_____	OD 0 1 2 3 4 OS 0 1 2 3 4

***Haze 0-4 scale:** 0=No Haze, 1=Trace, 2=Minimal, 3-Moderate, 4=Iris details obscured.

Checklist for Eye Care Provider (post-operative continued)

Corneal Topography (include a color copy of most recent post-operative corneal topography using the TANGENTIAL or INSTANTANEOUS map display option)

Topographer Manufacturer: _____
Topographer Model: _____
Date of topographies: _____

Contrast Sensitivity (attach copy of post-operative results, if test available)

Test Manufacturer/Model: _____
Date of contrast test: _____

Test Conditions:
Room Lights On? (circle one) Yes No
Backlit Chart? (circle one) Yes No
Distance to Test? _____ m
% Contrast? (if letters) _____%

Results:
OD: _____
OS: _____

Does applicant report any subjective visual changes? (I.e. increased glare, starbursts, halos, etc.)
_____
_____

***For Class 1A/1W** (MUST complete a post-operative cycloplegic refraction, noting normal refractive DVA/NVA with best correction, and IOP's if your 1A/1W FDME data was pre-operative.)

Distant Vision	Near Vision
OD 20/_____ Corrected to 20/_____	20/_____ Corrected to 20/_____
OS 20/_____ Corrected to 20/_____	20/_____ Corrected to 20/_____

Cycloplegic Refraction

OD: _____ OS: _____

Intraocular Tension

OD: _____ OS: _____

Thank you for completing the information. Please return this form and supporting documents to your flight surgeon.

CORNEAL REFRACTIVE SURGERY (ICD9 V802A/V802B)

Revision January 2006

This policy has been revised to reflect such changes in the management and processing of waivers and exception to policies since the acceptance of LASIK, PRK, and LASEK for initial applicants and rated aviation personnel.

Uncomplicated, successful completion of LASIK, LASEK or PRK to improve visual acuity with normal post-surgical assessment as outlined below will be qualified as *Information Only* provided meeting post-surgical standards outlined below.

Cases outside of standards will require a waiver or exception to policy (ETP) request from the flight surgeon in the form of an Aeromedical Summary (AMS).

It is not the intent of this policy to obligate any resources not readily available or to serve as swaying personnel to one type of surgery or another. All three elective surgical techniques still require the same post-operatively evaluations and tests that will be reported on all initial and comprehensive FDMEs.

AEROMEDICAL CONCERNS:

Corneal refractive surgery is indicated for the correction of refractive error (myopia, hyperopia or astigmatism). Although there are presently five broad categories of corrective procedures, only three are currently acceptable aeromedically for pilot candidates and pilots and may be considered as outlined above:

1. Surface altering procedures - photorefractive keratectomy (PRK) and laser epithelial keratomileusis (LASEK)
2. Lamellar procedures - laser-assisted in situ keratomileusis (LASIK)

Unacceptable aeromedical procedures for pilots and pilot candidates are as follows and will not be considered for wavier at present:

1. Intracorneal procedures - intracorneal ring (ICR) implants
2. Intraocular procedures - anterior or posterior chamber intraocular lens (IOL)
3. Incisional procedures - radial keratotomy (RK)
4. Elective monocular surgical corrective procedures of any type where the outcome alters depth perception

*** NOTE: Aviation personnel not in direct control (flight surgeons/PAs, observers) of aircraft with a history of RK have been granted a waiver and allowed to continue service. Such patients need to follow the same criteria as outlined below.***

Currently, LASIK is the most common of these procedures. PRK and LASIK have similar results in uncorrected visual acuity improvement at 6 months but differ in technique and immediate post-operative results. Noted information regarding the three aeromedically allowable procedures are as follows:

PRK - removing the corneal epithelium followed by the application of a series of fine laser ablations to re-sculpt the cornea. PRK lases through the basement membrane of the

surgically removed epithelium and sculpts the corneal stroma to an average depth of 70microns (typical corneal depth 550 microns). During the first weeks after the procedure the surface epithelium must repopulate the corneal surface and during this period there is discomfort and fluctuating vision. Some studies suggest there is increased risk of haze at the treated interface with increased ultraviolet exposure due to the destruction of the basement membrane even years later.

LASEK - similar to PRK in its depth of corneal involvement, but utilizes a flap technique similar to LASIK (see below). The epithelial flap is made with a 70 micron deep pre-incision and the flap is removed mechanically after treatment with a dilute alcohol solution. After flap displacement, an excimer laser sculpts the corneal stroma. One benefit to this procedure is that post surgical flap displacement; while more likely due to the thinness of the flap, is actually less likely to cause permanent vision change as compared to the thicker (deeper) LASIK flap.

LASIK - a surgical blade is used to create a hinged flap approximately 160microns thick. This flap is laid back and the stromal bed treated with the laser. When the flap is repositioned, vision is generally excellent immediately and there is no significant discomfort. LASIK has the theoretic risk of displacement of this flap, however preliminary basic science studies and clinical studies in the Airborne and Ranger student populations as well as the experience in the civilian population does not seem to support this concern as being of any operational or clinical relevance. The incidence of displacement of the flap is extremely low and the risk decreases with time. LASIK is currently the most popular procedure in civilian clinics due to the decreased level of pain, faster immediate results, and decreased haze per patient survey. Long term refractive correction and patient satisfaction are similar in LASIK and PRK.

ADVANTAGES: Prior to FDA approval, extensive clinical studies were performed to assess PRK safety and efficacy. Ten year follow- up data is available from some of the studies conducted. More recently, the pool of those eligible for treatment has expanded to include more severe forms of myopia, as well as hyperopia and astigmatism. Potentially 80-90% of people who require glasses for distance vision may be eligible for PRK. It is an effective procedure, with up to 95% of treated patients not needing glasses to achieve 20/40 distance vision or better. Approximately 75% of patients achieve 20/20 vision. The results may not be quite as good among patients with more extreme forms of myopia, hyperopia or astigmatism. The visual improvement appears to remain stable after healing from the surgery. Developing wavefront technology holds the promise of custom corneal ablations to produce “super- vision” (20/10 - the theoretical anatomic limit of vision - statistically occurs naturally more frequently in aviators attending the Navy’s Top Gun Program).

DISADVANTAGES: As with any surgical procedure, there may be side effects and complications. Most of these are short term and resolve within a few weeks post-op. Some may take longer to resolve or, in a small percentage of cases, could be permanent. These include decreased night vision, glare sensitivity, and worsening of the pre-operation best vision due to scar formation and other effects of the healing process. With both PRK and LASIK, it is not uncommon for up to 10% of patients to require re-treatment with the laser to “fine tune” the desired corrective effects of the procedure.

While the final visual acuity results are identical for PRK and LASIK, there is a longer recovery time following PRK. Finally, though it is not anticipated that adverse complications will occur 10 or more years after the surgery, there is no data available to determine what, if any, changes may develop later in life.

RESPONSIBILITIES:

Flight Surgeons/APAs: For initial applicants and newly surgically corrected aviation personnel, Flight Surgeons/APAs complete the FDME, noting the presence of Corneal Refractory Surgery (Block 67, DD 2808), and complete the additional work-up elements below for inclusion with the FDME in Block 73, DD2808 (until elements are added to page 4 of the DD2808 on AERO) .

PRK, LASEK or LASIK patients meeting all of the below standards may be submitted as "Qualified." PRK, LASEK or LASIK patients not meeting all of the below standards will be noted as "DQ, AMS to follow" and requires submission of an abbreviated AMS for waiver or exception to policy consideration.

Flight Surgeons will ensure aviation personnel with Corneal Refractive Surgery meet all required follow-up elements and include that information IAW the current APL. For a successful patient, the flight surgeon shall maintain the post-surgical worksheets and information in the patient medical record—these do not need to be forwarded to AAMA. Only for a waiver or ETP does AAMA need to review the post-surgical worksheets and information as a part of processing the Aeromedical Summary.

Initial Applicants (Class 1A/1W/2F/3/ 4): Applicants undergoing PRK, LASEK or LASIK may be "qualified, information only" with a normal post-surgical assessment as outlined below. Applicants failing to meet post-operative standards with PRK, LASEK or LASIK will not be qualified without an acceptable AMS for exception to policy on a case by case basis.

Rated Aviation Personnel (Class 2/2F/3/4): Personnel undergoing refractive surgery must receive authorization from their commanding officer prior to the procedure. Commanders should be advised that the procedures have a 6-12 week recovery period before aviation duties can be resumed (Appendix 1).

Rated personnel undergoing PRK, LASEK or LASIK may be considered "qualified, information only" with a normal post-surgical assessment as outlined below. Those failing to meet post-operative standards with PRK, LASEK or LASIK will not be qualified without an acceptable AMS for waiver on a case by case basis.

INFORMATION REQUIRED on DD 2808 for ALL TYPES OF CORNEAL REFRACTIVE SURGERIES:

- ❑ Detailed pre-operative, operative, and post-operative refractive surgery records (Appendix 2). Post-operative information from ophthalmologist or optometrist should be annotated on DD2808 (Block 73 until page 4 in AERO is established) and must include the following:

1. Manifest refraction x 3 (at least 2 refractions one month apart to establish stability)—post-surgically, must meet standards for refraction for aviation class.

2. Visual acuity x 3 (best corrected 20/20 each eye)—post-surgically, must meet standards for visual acuity. Personnel worse than 20/20 and correctable to 20/20 will be required to wear corrective lenses while performing aviation-related duties.

3. Slit lamp examination documenting no residual haze or other complications.

4. Corneal topography (post-operative topography map)— LASIK, PRK and LASEK applicants require comment of "acceptable" from ophthalmologist or optometrist if meeting all standards and no AMS is warranted. If not, color topography must be mailed or emailed (aama@amedd.army.mil) for review with the rest of the AMS.

5. Contrast Sensitivity (5% contrast using the Precision Vision backlit chart)—must pass 20/60 or better. Personnel worse than 20/60 require AMS for consideration of waiver. The preferred test is the 5% contrast test; however, the following tests may be submitted in lieu of the 5% contrast test:
    1. BVAT low contrast acuity (set on 5%)
    2. Bailey-Lovie 10% low contrast acuity test
    3. Pelli-Robson Contrast Sensitivity Test
    4. Small Letter Contrast Test
    5. VisTech or FACT Contrast Sensitivity Test

❑ Document that at least 3 months (for initial applicants) or 6 weeks (for current aviation personnel) have elapsed since surgery or re-treatment and evidence of stable refractive error is demonstrated by two separate examinations performed at least one month apart.

FOLLOW-UP:

The five year comprehensive flying duty medical examination (FDME) must include an optometry/ophthalmology consult with completion of a slit lamp examination of the cornea, manifest refraction, corrected visual acuity and 5% contrast sensitivity test. NOTE: The 5% contrast test is not required for follow-up for classes 2F, 3, and 4 but shall be completed if available.

TREATMENT: Per appropriate surgical protocols.

DISCUSSION:

Since allowing PRK, LASEK, and LASIK, the trend in AAMA has been that those personnel with good surgical outcomes, passing all 5 of the above post-operatively tests and standards have gone on to receive a waiver without subsequent aeromedical problems. Those with a less than favorable outcome have not progressed as easily to receiving a waiver. Corneal refractive surgery will optimally result in less optometric support before and during deployment to Stability and Support Operations as well as combat operations. There is a significant medical logistics "footprint" of combat health support activities providing corrective lenses and protective mask inserts that may be lessened. This is especially important in current rapid deployment, high ops tempo environments. Corneal refractive surgery is an additional benefit in the continuous development of new man-machine interfaced weapons based on routinely updated detailed vision parameters. This is especially important for increasingly complex flight environments where corrective lenses would be a hindrance.

APPENDIX 1. Aviation Commander's Authorization
APPENDIX 2. Medical Release and Checklist for Eye Care Provider

Appendix 1: Aviation Commander's Authorization

Memorandum to: Unit Flight Surgeon

CC: Ophthalmology, Refractive Surgeon

Subject: Authorization for Aircrew members to receive refractive surgery under the Aeromedical Policy Letter for Refractive Surgery and the Corneal Refractive Surgery Surveillance Program.

1. _____, SSN _____ is authorized to receive refractive surgery per the guidance outlined in the Aeromedical Policy Letter: Corneal Refractive Surgery.

2. This authorization is based on the following understandings:

a. This authorization does not constitute a medical waiver; it only authorizes the individual to have refractive surgery. The individual will be DNIF for at least 6 weeks, up to a maximum 12 weeks. The medical waiver request will be submitted to USAAMA upon receipt of information from the flight surgeon as to the successful outcome of the individual's surgical procedure. USAAMA will determine if the individual meets the medical waiver requirements when the applicant's eyes and vision meet and retain FDME standards and all requirements for waiver have been met.

b. In approximately 2-3 of every 1,000 refractive surgery procedures (0.2 to 0.3%), the individual will not recover 20/20 best-corrected vision after surgery. Individuals who fall in this category will be evaluated by USAAMA to determine whether a waiver to continue on flight status may be issued. Although slight, there is a possibility the individual may lose his/her flight status in the event of significant visual loss that cannot be resolved.

c. Questions about the updated policy may be directed to USAAMA at 334-255-7430; questions about refractive surgery to the local eye care provider.

d. A copy of this correspondence will be kept on file in the local flight surgeon's office.

3. POC is the undersigned at _____.

Commander's Signature Block

Appendix 2: Request for Release of Medical Records

(To be completed by patient and provided to eye care provider for completion)

From: (enter your information) Date:

To: (enter eye clinic information)

Subject: Request for records related to refractive surgery procedure

1. Request a copy of records pertaining to my refractive surgery be provided to:
   (Enter unit flight surgeon information and address)

2. The following information is needed: (see attached Checklist for Eye Care Provider):

   Date of procedure
   Type of procedure (PRK, LASEK, or LASIK)
   Type of laser (brand name)
   Ablation parameters (size of ablation zone, microns of tissue removed, number of pulses, if available)
   Amount of correction (sphere, cylinder and axis)
   Pre-operative refraction and date (specify manifest or cycloplegic)
   Follow- up refractions with visual acuities and dates (most current refraction and as many postoperative refractions as possible)
   Slit lamp assessment of cornea (presence or absence of haze or other complications)
   Latest **post-operative COLOR** corneal topography (instantaneous or tangential corneal maps)
   Contrast Sensitivity (preferred test is the 5% low contrast letter acuity)

_____ _____

Typed or Printed Name Signature

Demographics Required (Applicant to complete):

Last Name: _____ First Name: _____ M.I. ____
Mailing Address: _____
_____
E-mail Address: _____
Home/Cellular Phone: _____
Date of Birth: _____ SSN: _____

Checklist for Eye Care Provider (Surgeon/Doctor to complete below):

Surgeon/Doctor's Name: _____
Clinic Address: _____
Clinic Phone: _____ Clinic Name: _____

Date of Procedure: _____ Type: (circle one) PRK or LASIK
Laser Used: (Manufacturer) _____ (Model#) _____

Ablation Parameters (Complete below, and if available, attach copies of laser printouts)
OD: Size of ablation: _____mm Tissue removed: _____microns # of pulses: _____
OS: Size of ablation: _____mm Tissue removed: _____microns # of pulses: _____

Amount of correction programmed into laser
OD: _____ OS: _____

Pre-operative Refraction
OD: _____ OS: _____

Did the applicant require any enhancement procedures? Yes _____ No _____
(If yes, provide details as above & below)

Follow-up Examinations (include most recent and 2 prior examinations—3 total)

Date:	Refraction:	Visual Acuity	Corneal Haze* (circle one)
	OD_____ OS_____	OD_____ OS_____	OD 0 1 2 3 4 OS 0 1 2 3 4
	OD_____ OS_____	OD_____ OS_____	OD 0 1 2 3 4 OS 0 1 2 3 4
	OD_____ OS_____	OD_____ OS_____	OD 0 1 2 3 4 OS 0 1 2 3 4

***Haze 0-4 scale:** 0=No Haze, 1=Trace, 2=Minimal, 3-Moderate, 4=Iris details obscured.

Checklist for Eye Care Provider (post-operative continued)

Corneal Topography (include a color copy of most recent post-operative corneal topography using the TANGENTIAL or INSTANTANEOUS map display option)

Topographer Manufacturer: _____
Topographer Model: _____
Date of topographies: _____

Contrast Sensitivity (attach copy of post-operative results, if test available)

Test Manufacturer/Model: _____
Date of contrast test: _____

Test Conditions:
- Room Lights On? (circle one) Yes No
- Backlit Chart? (circle one) Yes No
- Distance to Test? _____ m
- % Contrast? (if letters) _____%

Results:
- OD: _____
- OS: _____

Does applicant report any subjective visual changes? (I.e. increased glare, starbursts, halos, etc.)
_____
_____

***For Class 1A/1W** (MUST complete a post-operative cycloplegic refraction, noting normal refractive DVA/NVA with best correction, and IOP's if your 1A/1W FDME data was pre-operative.)

Distant Vision	Near Vision
OD 20/_____ Corrected to 20/_____	20/_____ Corrected to 20/_____
OS 20/_____ Corrected to 20/_____	20/_____ Corrected to 20/_____

Cycloplegic Refraction

OD: _____ OS: _____

Intraocular Tension

OD: _____ OS: _____

Thank you for completing the information. Please return this form and supporting documents to your flight surgeon.